

CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION

1.

Applicant's or Employee's Name

Telephone No.

Today's Date _____

Employee's Organization

Date of Request _____

2. ACCOMMODATION REQUESTED. *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter)*

3. REASON FOR REQUEST.

If accommodation is time sensitive, please explain:

Return Form to Disability Program Manager

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of Individual requesting reasonable accommodation:

Organization of Requesting Individual:

1. Reasonable accommodation: (check one)

☐ Approved

☐ Denied (If denied, attach copy of the written denial letter/memo)

2. Date reasonable accommodation requested: _____

3. Date reasonable accommodation approved or denied: _____

4. Date reasonable accommodation provided (if different from date approved): _____

5. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why.

6. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office):

7. Reasonable accommodation needed for: (check one)

☐ Application Process

☐ Performing Job Functions or Accessing the Work Environment

☐ Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

8. Type(s) of reasonable accommodation requested (*e.g., adaptive equipment, staff assistant, removal of architectural barrier*):

9. Type(s) of reasonable accommodation provided (*if different from what was requested*):

10. Was medical information required to process this request? If yes, explain why.

11. Comments:

Submitted by: _____ **Phone:** _____

Attach copies of all documents obtained or developed in processing this request.